WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

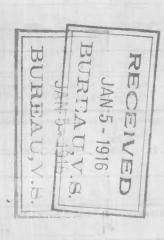
1 PLACE OF DEATH	STATE OF MARYLAND	
County Leeel 21526	CERTIFICATE OF DEATH	
0	Registration Dist. No. 92	
Village or City Fair Otile (No	St.; Ward) [If death occurred in a hospital or institution,	
FULL NAME George Rie	be steed Territ and	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male White Single, MARRIED, WIGOWED, ORGIVORCEO (Write the Word)	18 DATE OF DEATH  (Month) (Day (Year)	
6 DATE OF BIRTH	17 Bereby Certify, That I attended deceased from 1915, to SEC / 1915,	
(Month) (Day (Year)	that I last saw h salive on Sec 12,1918	
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at 7 am,	
yrs 6.mos ds OR min. ?	The CAUSE OF DEATH* was as follows:	
BOCCUPATION (a) Trade, profession, or	8100	
particular kind of work	for Ineuomas	
(b) General nature of Industry, business, or establishment in	(Duration) yrs mos. ds.	
which employed (or employer)  BIRTHPLACE (State or country)  Mary land	Contributory Whoo finds Cough	
10 NAME OF C	(Boration) yrs mos ds.	
FATHER Leonge R. Beero S.	(Signed) Le. L. Leon B. D. M. D. Leel Low Mr. D. Leel Low Mr. D.	
T State or country		
(State or country) Many Laure  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
a May Comprell	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
13 BIRTHPLACE OF MOTHER (State or country)  Mary land	At place in the of death yrs mos ds. State yrs mos ds	
14 THE ABOVE THE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
(Informant) IMP. May Beets	Former or usual residence	
(Address) EUElon Mul Ros	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL NEW 14 101.5	
Filed Dee 18, 1915 Johans Inogen	20 UNDERTAKER ADDRESS	
REGISTRAR	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation -- Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Forcman," As examples: (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



S. S.

1 PLACE OF DEATH	STATE OF MARYLAND
Drew 21527	CERTIFICATE OF DEATH
Village or City A A Selection (No.	Registration Dist. No. 93  St.; Ward)  [If death occurred in a hospital er institution, give its NAME instead of street and number.]
2 FULL NAME / Jos. Narah M	reers.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Lemale White Single, Married of DA Color OR RACE   5. SINGLE, MARRIED, Married OR O'NORCED (Write the word)	TE OF DEATH Lecauses 27, 1915  (Month) (Day) (Year)
GDATE OF BIRTH  Aug 3/ 150-3	March 10, 1915, to Dec 26 , 19/15,
Tage If LESS than 1 day, hrs. or min.?	that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work  (b) General nature of Industry	many an mornach
business, or establishment in which employed (or employer)	(Ourelion) yrs. 9 mes. 16 ds.
9 RIPTHRIACE	Secondary (Guration) yra mos ds.
metallia commy	4/1000
Z OF FATHER (State or country)  12 MAIDEN NAME  S	State the PISEASE CAUSING DEATH, or, in deaths from VIOLENT AUSES, state (1) Wens of Injury; and (2) whether Accidental, UICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  OR Aft pit of de	NGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, RECENT RESIDENTS)  In the sich yrs. mes de. State, yrs. mos. de. was diseese controcted.
(Informant) Reclarate Trees (Informant)	at place of deeth ?
(Address)	ace of Burial of REMOVAL DATE OF BURIAL
REGISTRAR	NDENTAKERS & Willey newax
If more blanks are needed, address State Registrar, 16 W. S	aratoga or., Daito., Requesting V. S. INO. I.

[Approved by U. S. Census and American Public Health Association.]

business, that faet may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-But in many cases,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telunus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Ura mia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conbirth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping genital," "Senile," etc.), "Dropsy," "Exhaustion," Example: Measles (disease causing death), 29 ds.; Bronby railway troin-accident; Revolver State cause for which Never report mere ACCIDENTAL, nound



### MARGIN

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

-Ward)

[It death occurred in a hospital or institution, give its NAME Instead of street and nomber.]

fel Pagan Bfa

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 A (a)  (a)  pai  (b)  bus  whi	ATE OF BIRTH  GE  CCUPATION  Trade, protession, or ricicular kind of work  General nature of industry, siness, or establishment in lich employed (or employer)  TRATEPLACE  (State or country)  ACOLOROB RACE  SSINGLE,  MARRIED, Harrical  Wirthe the word  (Write the word)  (Year)  It LESS than t day, hrs. OR min.?  CCUPATION  OR min.?  Trade, protession, or ricicular kind of work  General nature of industry, siness, or establishment in lich employed (or employer)  IRTHPLACE  (State or country)  ARRIVATE  SALVAGA  MARRIED, Harrical  Wirther the word)  ARRIVATION  IT ARRIVATION  OR MIN.?	(Month) (Day (Year)  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from Ale 16 1915 to Dec 31 1915  that I last saw her alive on Ale 31 1915  and that death occurred on the date stated above, at 8 30 Pm  The CAUSE OF DEATH* was as follows:  Contributory Exhaustion  (Duration) yrs. mos. 15 is.  (Duration) yrs. mos. 6s.
ARENTS	10 NAME OF FATHER LESTIEN Chas. Ragan  11 BIRTHPLACE OF FATHER (State or country)  Mansland.	(Signed) Greet Rowland , M. D.  Jan 1 , 191 (Address) Liberty hove Mil.  *State the DISEASE CAUSING DEATH OF In deaths from Violence
PAR	13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place io the of deathyrsmosdsdsds
	(Interment) Pur Marte Casul  (Address) Pur Casul relle Man  (Address) Pur Casul relle Man  (Address) Pur Casul relle Man  (Address) Per Casul relle Man  (A	Where was disease contracted, If not at piace of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  AMDRESS  20 UNDERTAKER  ADDRESS





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborerstatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death—it respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*\*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," genltal," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of For Vio-



No.

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Every

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SICIANS should PHYSICIANS RECORD PERMANENT classified. 4 proper INK supplied. pe UNFADING certificate. 90 WITH back should Instructions plai = DEAT See 50 Item OF mportant,

PLACE OF DEATH	
10	5



### STATE OF MARYLAND

CERTIFICATE OF DEATH County Registration Dist. No. Ilf death occurred in a hospital or Institution, give its NAME Instead of street and number. I 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED. (Day (Year) (Month) (Write the word) Y. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS fhan and that death occurred on the date stated above, at 1 day ..... hrs. OR. ....min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the (State or country) of death \_\_\_\_\_ ds. State ..... yrs. \_ Where was disease contracted, If not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL rong 15 20 UNDERTAKER

blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTHAR

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. naterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in iudustrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease of persous engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carein-

such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for etc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For vio childbirth or miscarriage as "Heart failure," "Haemorrhage," "luanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. "Contributory." The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. "Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH  County level 21530  Village or City Worth Gart (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 94  [if death accurred in a hespital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Married, Whate White Single, Wooden or Date of Birth	16 OATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That Lattended deceased from		
7 AGE (Month) (Day) (Year)  7 AGE (Bay) (Year)  1 day, brs.  1 day, brs.  1 day, brs.  1 day, brs.	that I last saw have alive on Die		
Soccupation (a) Trade, profession, or particular kind of werk (b) General natore of industry business, or establishment in which emplayed (or employer)  9 BIRTHPLACE (State or country)	(Auration) yre. mos. de.  Contributory Secondary		
10 NAME OF FATHER Millian ( E. leraig)  11 BIRTHPLACE OF FATHER (State or country) level low Mol  12 MAIOEN NAME OF MOTHER OF MOTHER M. Ovala Worth	(Signed) (Signed) , mos ds.  (Signed) , mos ds.  (Signed) , mos ds.  (M. 0.  *State the DISPASE CAUSING DRATH, or, in deaths from VIOLENCY CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.		
13 BIRTHPLACE OF MOTHER (State or country) Level Com Mod  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) William & levary	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piece in the of deeth		
(Address) North East R. LLY  Filed Dee 17, 1915 Is aich Biddle  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  APTH East Decht. 1911.5. 20 UNDERTAKER  H. M. Shierson North Cash		
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many eases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a femite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or Al home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the eccupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at Orginning of illness. If retired from business, that faet may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None!

Statement of Cause of Peath—Name, first, the DISEASE CAUSING PEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . (name origin; "Caneer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (seeondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Huemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the eause. Always qualify all diseases resulting from childbirth or misearriage as "PUERPERAL septicharmia," "PUERPERAL peritonitis," etc. State eause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and eonsequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of eause of death approved by Committee on Nomenclature of the American Medical Association.)

item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very lant. See instructions on back of certificate.

RECORD

A PERMANENT

WRITE PLAINLY, WITH UNFADING INK-THIS IS

CAUSE OF I

		OF		

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unty	Decil	215





### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 96

S	t .;	W	ard

[If death occurred in a hospital or institution, give its NAME Instead of street and number.

FULL NAME Nelson James	Cully

	FULL NAME Nelson fames 7	Cully
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Male while Single, Single windwed, windwed, Write the word)	18 DATE OF DEATH 50/5 (Month) (Day (Year)
6 D	ATE OF BIRTH 4	17 I HEREBY CERTIFY, That I attended deceased from
	Nov 22 , 19/3 (Month) (Day (Year)	that I last saw halive on
7 A	GE If LESS than	and that death occurred on the date stated above, at
	2) yrs mos 23 ds. or min.?	The CAUSE OF DEATH* was as tollows; Shis child deed before a could get
	CCUPATION ) Trade, profession, or	Dell trivas Dul From tal Farests
<b>Upa</b>	riticular kind of work.  General nature of industry.	cieformation he had all attack of
bus	iness, or establishment in lich employed (or employer)	Croup (Ouration) yrs mos ds.
98	(State or country) loscil for mid	Gontributory Secondary
	10 NAME OF FATHER HERMAN Cully	(Signed) Led Willespie , M. D.
NTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
ARE	12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
٩	13 BIRTHPLACE OF MOTHER (State or country) Coccel Col. Mid	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds
	(Intermant) Ferman Cully	Where was disease contracted, If not at place of death?  Former or usual residence.
15	(Address) Ressing Burn Micky	Betherda Cemeters Des 17 1910
FII	181 St. C. Cameron REGISTRAR	Slater B. Jak Coloratus

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman,"
"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "I'UERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For Vio-



### S. No. 1.

N.B.

RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Creek

de puty



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 90

Village or City Warre (No. 1907)	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH / Z Z , 191.5.  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
10 3/ , 9/3- (Month) (Day (Year)   7 AGE   If LESS than	that I last saw h. S. alive on SE 2 1, 1915, and that death occurred on the date stated above, at 5' A. m.
yrs	The CAUSE OF DEATH * was as follows:  (Duration) yrs mes 5 ds.
which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MALIOFIN NAME  13 MALIOFIN NAME	Contributory Secondary  (Duration) yrs mos ds.  (Signed) Judellatine M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means on Indian and (2) whether Acquired
12 MAIDEN NAME OF MOTHER CALGARDES Have  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)	TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSJENTS, OR RECENT RESIDENTS)  At place of death
Filed Fic 23 of 1913 Powell To Johns	20 UNGENTARER ADDRESS

RECISTRAR

If more blanks are needed, address State Registrar of E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Womeu at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mia," "PUERPEBAL peritonitis," etc. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," themia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of..... by carbolic acid-probably suicide. The nature of the dent; Revolver wound of kead homicide; Poisoned Aceidental drowning; Struck by railway train-accichildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanitiou," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN7-1916

PHYSICIANS should state of OCCUPATION Is very RECORD PERMANENT UNFADING INK-THIS IS CAUSE OF Important. S

1 PLACE OF DEATH County Cecil Co Tul Jana Middle for



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 90

If death occurred in

Vill	2 FULL NAME Pattick Dans	St.; ward)	a hospital or institution, give its NAME instead ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
351	Male Ant Single,  Married,  Widoweb,  Onlyonceb,  Onlyonceb (Write the word)		2 ,1915 (Day (Year)
8 p/	(Month) (Day (Year)	that I last saw h	2 , 191.5.
(a)		and that death occurred on the date stated about the CAUSE OF DEATH* was as follows:	,
a Bi	RTHPLACE (State or country)  ONAME OF FATHER  ROSCOWIE AND DESCRIPTION OF THE PROPERTY OF THE	(Signed) 6 Glolo	yrs a mos ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 MIDEN NAME OF MOTHER  15 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSOR RECENT RESIDENTS) At place In the	(2) whether Acciden-
	(State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  Addlehvin Dal  (Address)  1915 Powall F. Johns	Where was disease contracted, it not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DEATH OF THE PLACE OF THE PLAC	,

If more hlanks are needed, address State Registrar, 6 f. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) duties of the household only (not paid Housekeepers Civil engineer, Stationary fireman, etc. But In many applies to each and every persou, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when ueeded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

etc., when a defiulte disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and cousequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomeucla-"Contributory." sepsis, tctanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. genltal," "Senile," etc.), "Dropsy," ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustiou," For vio-



FOR RESERVED MARGIN

. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT should be stated EXACTLY. UNFADING INK-THIS IS AGE item of information should be carefully supplied. certificate. See instructions on back of CAUSE OF Important. S N. B.-

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	²FUL	L NAME			iring	
	PERSO	NAL AND	STATISTIC	CAL PARTICU	JLARS	
35	Emel	4 COLOR	OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the	Surge word)	16
6 D	ATE OF BIRTH		Not (Month)	- 30	19/5	th
7 A	GE	yrs.		mos //2	(Year)  If LESS than 1 day,hrs. ORmln,?	ar Ti
(a) pa (b) bus	CCUPATION ) Trade, profession, rticular kind of wo ) General nature of siness, or establis ich employed (or a	rk Industry, Chmant In	n	on (		
	IRTHPLACE (State or cour		7	nd		
	10 NAME OF FATHER	In	hu	Eg	nertr	(\$
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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

MEDICAL CERTIFICATE OF DEATH

[If death occurred in a hospital or institution, .Ward)

give Its NAME Instead of street and number.]

16 DATE OF DEATH	Lee	2,	1915
	(Month)	(Day	(Year)
17 LHEREB	Y CERTIFY, That		seased from
orrey	191 to a	rec	9 191
***************************************	A-	00 -	7
that I last saw h	live on		1919
and that death occurred	on the date state	d above, at 4	Lam.
The CAUSE OF DEATH			
11	1	47	,
Hemon	hage I	Ten	10
***************************************		**********************	
***************************************	(Duration)	yrs	mos. / /a-ds.
Contributory Secondary	· · · · · · · · · · · · · · · · · · ·	***********	
057	Duration)	Man	
0010	/ /		.mosds.
(Signed)	0		M. D.
DRC 2-1915	(Address) /Col	ektor	( m)
*State the DISEASE (CAUSES, state (1) MEATAL, SUICIDAL, OF HOME	CAUSING DEATH O	r. In deaths fi and (2) wheth	rom VIOLENT her Acciden-
18 LENGTH OF RESIDEN	CE (FOR HOSPITALS	. INSTITUTIONS	TRANSIENTS
OR RECENT RESIDENTS)			, Thansieris,
of death yrs mos	In the State	yrs	mos de
Where was diseasa contracted,		, , , , , , , , , , , , , , , , , , , ,	
If not at place of death?	)BBB		
Former or usual rasidenca			
10	RREMOVAL		*****************
Mand of Ch.	/ 4	DATE OF E	
and of second	strana	2007	, 191 5
20 UNDERTEKER	will	ADDRESS	a N
K.D. 7	ranch	allo	i Ray

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. υż





[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indl-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if Impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEBPERAL peritonitis," etc. State etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debllity" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," cause for For VIO-



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state Yery PHYSICIANS should of OCCUPATION IS RECORD that it may be properly classified. Exact statement PERMANENT AGE should be stated EXACTLY. PLAINLY, WITH UNFADING INK-THIS carefully supplied. of information should be c DEATH in plain terms, so 0 See instructions on back CAUSE OF Important. S 1 PLACE OF DEATH

11 BIRTHPLACE OF FATHER (State or country)

13 BIRTHPLACE OF MOTHER (State or country)

(Address) ---

8

12 MAIDEN NAME OF MOTHER

PARENTS

15

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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or Ci	lok	hund (No.	nas Fields	St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERS	PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
male	Color OR RAGE	SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH	DEC -	6 - ,1915 (Day (Year)	
6 DATE OF BIR	TH afragman (Month)		that I last saw h. Do	191V to DEC	5 , 1915, 5 - ,1915	
7 AGE	yrs 7	If LESS f day	hrs. The CAUSE OF DEAT	red on the date stated at	bove, at	
(a) Trade, profess parficular kind of	ion, or Mune	Infor-	and the second	in Colit		
(b) General nature business, or esta which employed (c	ablishmenf in			(Durafion)	yrs	
9 BIRTHPLACE (State or co	ountry) Par S	fruit ma	Contributory Secondary	(Ourafion)	yrs mos ds.	

\*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Acciden-

TAL, SUICIDAL, OF HOMICIDAL.	
18 LENGTH OF RESIDENCE (FO	R HOSPITALS, INSTITUTIONS, TRANSIENTS
Af place	In the

yrs. ..... mos. State Where was disease contracted. If nof af place of death?

Former or usual residence

PLACE OF BURIAL OR	
6 okesber	ny
20 UNDERTAKER	7

DATE OF BURIAL

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



### 3

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. Never return "Laborer," "Foreman," "Mauager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to thme and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childwirth or miscarriage as "Puerperal septichaeetc., when a defiulte disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," theula," "Auaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malls. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertakeu. geuital," "Senile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustlon," For vio-



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(No.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

[If death occurred in a hospital or institution, give its NAME instead

AME Empson Jenell	of street and number.]
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Clord RACE   5 BINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Wrise the word)	16 DATE OF DEATH /2 26 , 1915 (Month) (Day) (Year)
Dont Know (Month) (Day) (Year)  If LESS Ihan 1 day, hrs.	I HEREBY CERTIFY, That I attended deceased from , 191, te , 191, 191, 191, 191, 191, and that death occurred on the date stated above, at
Jam laborer	Certal Himmorege
ustry nt lo yer)	(Bureflee) yrs mos ds.
Cacil Cocenty md andry Fench mayland Ecuknowa	Contributory Secondary  (Burellen)  (Burel
try) E TO THE BEST OF MY KNOWLEDGE	19 LENGTH OF RESIDENCE (FOR Hospitals, Institutions, Transients, OR RECENT RESIDENTS) At place In the sf death
rection 4nd	Former or useal residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1915 JOHBlack REGISTRAR	Ceciton Dec 2.9181 20 UNDERTAKER ADDRESS ANDRESS ANDRESS ANDRESS
If more blanks are needed, address State Registrar, 1	

8. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING NEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthful-"Foreman," "Manager," "Dealer," etc., without more mobile factory. know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, "irespective of age Statement of Occupation-Precise statement of occupa--Coal mine, etc. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Foreman, (b) Auto-If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Pyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-

"Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic saguitar heart disease; Chronic interstitial SUICINAL, or HOMICINAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means or injury and qualify as "PUBRIPERAL perilonitie" etc. State cause for which surgical operation was undertaken. For violent deaths ctc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," or miscarriage as "Puerperal septichaemia," by railway train-accident; Revolver wound of Never report mere ACCIDENTAL,



WRITE PLAINLY, WITH UNFADING INK-THIS IS A

RECORD

PERMANENT

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

PLACE OF DEATH

County-



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No..

Ward

fif death occurred in

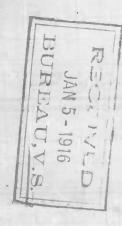
FULL NAME Mary Jame 407	Residence and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH July 6 1914	17 I HEREBY CERTIFY, That I attended deceased from July 1915 to July 1915.  that I last saw has alive on Dic 23 1915.
7 AGE   Month) (Day (Year)  7 AGE   10   11 LESS than   1 day,hrs.   ORmin, ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MOTHER  OF MOTHER	Contributory Secondary  Duration  yrs  mos. ds.  (Signed)  , 191 (Address)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Indury; and (2) whether Accident
13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE STRUE TO THE BEST OF NY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the of deathyrsmosds. Stateyrsmosds Where was disease contracted,
(Interment) Truy sers for acre  (Address) Elfston rud	If not at place of death?————————————————————————————————————
Filed 190 191 STREAM STREAM REGISTRAR  If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons causing dearn, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; The contributory (Recommendations on statement of (secondary or intercurrent) State cause for



1 PLACE OF DEATH

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR

STATE OF MARYLAND

If death occurred in

a hospital or institution. give its NAME instead

of street and number.

(Day)

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Fealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--('oal mine, etc. Women at home, who are engaged in bile factory. The material worked on may form part the second statement. Never return "Laborer," Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from term on the (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasnus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull, The contributory (secondary or intercur-State cause for which



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

1	1 PLACE	E OF DEATH	91590			STATE OF MAR	YLAND
1	. ()	es (	COULA		1	CERTIFICATE OF	DEATH
	County	PIC	× / (	,	(CS)	Registration Dist.	No. 97
	VIIIage or City	Most L	)efure	,		St.;Ward)	[If death occurred in a hospital or institution,
	2 F	ULL NAME MA	Munglo	in U	Hoj	Cherry	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS  3 SEX			MEDICAL CERTIFICATE OF DEATH			
				16 DATE OF	(Month)	(Day) , 1915.	
	6 DATE OF BIE	ATH June	15-	1437	nove	2 1 191 N to A	nded deceased from
		(Mc	onth) (Day)	(Year)	that I last:		1,118
	7 AGE	200		If LESS than 1 day,hrs.	and that de	ath occurred on the date sta	ted above, at 15/21/m.
	90000	1 - W 6	mes. 20 ds.	or min.?	The CAUSE	OF DEATH * was as follows	
	8 OCCUPATIO					Greener	<u>u</u>
	8 OCCUPATIO	fession, or Jac	wyer		***************************************		0,0000000000000000000000000000000000000
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	10 NAME		1 11 1	, ,		MAN.	the west was
	FATH	James)	41/told	Lus	(Signad)	Pak	0,10
	I BIRTH	PLACE STATES	1101	-0	vic o	1910 (Address)	signify,
			railer Cely	1/a	CAHEEN,	e the Disease Causing Drath, or, is state (1) Means of Injury; and (2 or Homicidal.	) whether ACCIDENTAL,
	A 12 MAID	MOTHER Harre	ett L We	fl	18 LENGTH C	FRESIDENCE (FOR HOSPITALS, I	
	13 BIRTI	HPLACE OTHER	1-0	0	OR RECENT	T RESIDENTS) In the	
		te or country an	easter Cos	/a	Where was diss		yrede
	14 THE ABOVE	IS TRUE TO THE BE	ST OF MY KNOWLE	DGE		of death?	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	(Informant)	Mary /2	Lofole	ine	Former or unual residence		
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	Fled Ace,	6 1915 1	M. Camer	on	20 UNDERT	000000	ADDRESS
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		If more blank	s are needed, address S	tate Registrar.	16 W. Saratoga	St., Baito., Requesting V. S. No. Z.	

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Debar pneumonia, Bronchopneumonia ("Pneumonia," menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver wound of SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraeniia," "Weaknese," symptoms or terminal eonditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... head-homicide; state MEANS OF INJURY and qualify as "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puenperal septichaemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Coma," "Convu" "Senile," etc.), The contributory (secondary or intercur-Poisoned by carbolic acid-probably Never report mere "Atrophy," "Col-ACCIDENTAL, important.



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item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ver	
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PERMANENT

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [if death occurred in St.:...Ward) a hospital or institution. give its NAME instead of street and number. ] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOBOR RACE MARRIED, WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ mos. \_\_ Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every CAUSE Import 15 20 UNDERTAKES ADDRESS Filed. REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto. Requesting V. S. No/1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeeper's mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerpeeal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senlle," etc.), thenia," "Anacmia" (merely symptomatie), "Atrophy," nuere symptoms or terminal conditions, such as "Asampie: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion,"



Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCIDATION is A PERMANENT RECORD BINDING FOR WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN N. B.σż

	PLACE OF DEATH  County County 21541	STATE OF MARYLAND CERTIFICATE OF DEATH		
	VIIIage or City Elleting (No, 2 FULL NAME From Que Lein	Registration Dist. No		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
. 61	make Mark (Write the word)	16 OATE OF OEATH SElember 12, 1915 (Month) (Day) (Year)		
ertifloa	Fab 2 22 , 1845	Suco 1890, 191, to Sw (1915) that I last saw h was alive on Sw (1915)		
Sack of C	7 AGE   (Year)   (Year)   1 day, krs.   OR mia.?	and that death occurred on the date stated above, at 3,30 Pm The CAUSE OF DEATH * was as follows:		
ns on	B OCCUPATION (a) Trade, prefession, or Frances particular kind of work	Had allation of the Heart.		
Concession	(b) Geograf nature of Industry Dusiness, or establishment in which employed (or employer)	diel Ving stadding (Burellen) yrs mos do		
	BIRTHPLACE (State or country)	Contributory Secondary		
7	10 NAME OF FATHER W. Lewis	(Signed) / Trous Profile Mallin M. O.		
mporta	U 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DIBEASE CAUSING DWATH, or, in deaths from VIOLENT CAUSING, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.		
la very	13 BIRTHPLACE OF MOTHER (State or country) Littlewey	OR RECENT RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death		
	(Informant) Dell Lewis	Where was disease coetracted, If not of place of death ?		
	(Address) Ellelon	19 PLACE OF BURIAL OR REMOVAL  Collision  20 March 19 PLACE OF BURIAL  DEC/5., 1015		
	If more blanks are needed, address State Registrar, It	W. Saratoga St., Balto, Reducting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

state occupation at heginning of illness, and retired from business, that fact may he indicated thus: Farmer (retired write None. engaged in domestic service for wages, as Servant, Cook, who receive a definite salary), may he entered as House or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. taken to report specifically the occupations of persons employed, as At school or At home. Care should he wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, mobile factory. only when needed. is provided for the latter statement; it should be used husiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Warasmus," "Old Age," "Shock," "Uraemia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may he stated head-homicide; Struck by railway train—accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which eause. Always qualify all diseases resulting from childetc., when a definite disease can he ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not he stated unless ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septichaemia," The contributory (seeondary or intercur-Poisoned by carbolic acid-probably Never report mere important.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



BURFAU, V.S.

JAN 5-1916



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

LY, PHYSICIANS Exact statement of	PLACE OF DEATH  County CR HORCecil  Village or City Ellerech (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
	2 FULL NAME Cossel Laws	e 11 Call of streef and number.]
Sifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
class	Jemale white Single, MARRIEO, WIOOWED OR OIVORGEO (Write the word)	18 OATE OF OEATH Dec_ / Out , 1915  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
5 5 5 6 E	6 DATE OF BIRTH	
hould be st be properly certificate.	(Month) (Day) (Year)	that I last saw halive on, 191 ,
AGE s it may back of	7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
arefully supplied.	COCUPATION (a) Trade, profession, er Barticular kind of werk (b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Thurs (accidental) Res Contributory Secondary  (Burallon)
ation should be ca OF DEATH in plai y important. See	10 NAME OF FATHER Chas, Holl,  11 BIRTHPLACE OF FATHER (State or country) Please OF MOTHER OF MICE OF MOTHER OF MICE OF MOTHER OF MOTHER OF MICE OF MOTHER OF MOTHER OF MOTHER OF MICE OF MOTHER OF MICE OF MOTHER OF MOTHER OF MICE OF MICE OF MICE OF MICE OF MOTHER OF MICE OF	(Signad) (Suration) yrs. mos. da.  (Signad) (Sig
BEvery item of informating should state CAUSE OF OCCUPATION is very in	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  The Cast Holling  18 Filed Nec 1 1915 Search Biddle  REGISTRAR	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, THANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mea. da. State, yre. mes. ds. Where was disease controcted, if not at place of death?  Fermer or usual residence.  19 PLACE OF BURIAL OR BEMOVAL  20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS  ACCOUNTY  ACCOUNTY  ADDRESS  ACCOUNTY  ACC
Z	If more blanks are needed, address State Registrar, 1	1 17 17 1842

[Approved by U. S. Census and American Public Realth Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife Housework, or At Home, and children, not gainfully employed as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever. write-None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important, Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be accertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT NEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICINAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

V. S. No. 1.

RD ANS E	1
RECOR PHYSICI of OCCI	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD  N.BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state  CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very	tant. See instructions on back of certificate.
V. S. No. 1.	K

Village or City Colora (No. 21542)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  St.; Ward)  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MONTILD WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH Alex, 1914 (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
July 13, 1843- (Month) (Day (Year)	that I last saw him alive on dee 12 1915
TAGE  To the profession or particular kind of work  (b) General nature of industry,	and that death occurred on the date stated above, at 1030 m.  The CAUSE OF DEATH* was as follows:
business, or establishment in which amployed (or employar)  BIRTHPLACE (State or country)	Contributory Caffaux France Secondary
11 BIRTHPEACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	(Signed) (Si
of Mother  13 BIRTHPLACE OF MOTHER (State or country) leach les Ind.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs,mos,ds Where was disease contracted, If not at place of death?
(Address) Rowlandwille  (Address) Rowlandwille  Filed  If more blanks to needed, address State Regist	Former or USUAL TESIDENCA  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  ADDRESS  Slater B Josh Colora Md

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples:
(a) Spinner, (b) Cotton will; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Turrerral peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Colianse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations ou statement of For VIO-



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1 ]	PLAGE OF DEATH		STATE	OF MARY	LAND
	Mer. I	1	CERTIFIC	CATE OF	DEATH
County-	21543	Un		Registered	No. 95 -
Village o	or city Consumpt (No.	with	m. Vey.	Ward)	[If death occurred lu a hospital or institution, give its NAME instead of street and number.]
	ERSONAL AND STATISTICAL PARTICULAR	s	MEDICAL CERT	TIFICATE OF D	EATH
3 SEX 7 Ema	le suese a	emid	16 DATE OF DEATH	(Month)	(Day) (Year)
6 DATE OF	BIRTH Sept 8 (Month) (Day)	, 1862 (Year)	ALLV =	10 flee	7 ,191.04,
7 AGE		f day hre	and that death occurred on the The CAUSE OF DEATH* was a		ove, at / Dm,
(b) Seneral n business, or	of section, or state of industry, establishment in ed (or employer)	)a,	Contributory (Secondary)	(Duratioo)3	ust Destase
V) 11 BIR OF (State	THPLACE FFATHER  OF COUNTRY)  CONTRACT  OF COUNTRY)  DEN NAME 'N  OF COUNTRY  OF COUNTRY	22.	(Signed)	DEATH, or, In d INJURY; and (2	M. D.  M.
13 BIR	THPLACE MOTHER MANUEL MANUELE OF COURTY)  THOUSE OF COURTY)	ough	16 LENGTH OF RESIDENCE (FO OR RECENT RESIDENTS) At place of death yrs, mos,	In the	yrs, mes, ds.
14THE ABO	Munic Millian	DGE	Where was disease contracted, If not at place of death?  Former or usual residence.		
(Add	ress) Norslandville /	ng.	19 PLACE OF BURIAL ON REM Betherday Cornels	y De	12- 22 , 1915
Filed	If more blanks are needed, address 8	EGISTRAR	Slate B Ger	1 1	Colora Mel

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Tuphoid fever (never report "Typhoid disease); Tubercu-custis of lungs, meninges, peritonaeum, etc... Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Purrperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Coliapse." "Coma," "Convuisions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-Never report For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED S. No. 1.

>

CTLY, PHYSICIANS Exact statement of	Viviage or City Jan Eest ton.  2 FULL NAME anna Cashana	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 9 2  St.; Ward)  [If death occurred in a hespital or institution, give its HAME instead of street and number.]
XA fied	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
fully supplied. AGE should be stated E terms, so that it may be properly classi structions on back of certifloate.	TAGE  SEX  COLOR OF RACE  SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)  TAGE  (Month)  (Day)  (Yoar)  TAGE  If LESS than 1 day, hrs. OR min.?  SOCCUPATION (a) Trade, profession, er particular kind of work (b) General nature of iedustry business, er establishment in which emplayed (er empleyer)	16 DATE OF DEATH  SCENDER 25, 1915  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  SEC 24, 1915, to SEC 25, 1915  that I last saw he alive on SEC 25, 1915  and that death occurred on the date stated above, at m  The CAUSE OF DEATH * was as follows:  Septicarmia (Pec-20tal)  (Burellee) ye mee de
5 5 5	9 BIRTHPLACE (State or country) January Land	Contributory Secondary
of information should be ca CAUSE OF DEATH in plai ON is very important. See	10 NAME OF FATHER PAR P. Moderney  11 BIRTHPLAGE OF FATHER (Base of country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State of country)  13 BIRTHPLACE OF MOTHER (State of country)  14 THE ABOVE AS TRUE TO THE BOST OF MY KNOWLEDGE	(Signed)  Nowal Brall  SEC 25, 1915 (Address) Elklin M. D  "State the Diskase Causing Dhath, or, in deaths from Violent Causins, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  Al place of deeth yrs. mos. de. State, yrs. mos. de  Where was disease contracted, if ast al place of deeth?
N. B.—Every item o	(Address)  (Address)	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  CALIVALE CALLE TO BURIAL  20 UNDERTANER  ADDRESS  ELSCLUSING  15 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton only when needed. As examples: (a) Foreman, (b) Autostate occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housemobile factory. The material worked on may form part of the second statement. Never return "Laborer," is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the write None. For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever, If the occupation has been changed If retired from without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as Accidental, suicinal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, periionaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) Always qualify all diseases resulting from childby railway The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which Never report mere "Atrophy," "Colimportant. ("Con-



	WOLTE
1.	
No.	
V. 10.	

County 211	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City 12 les Earles No. le 19	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED OR DIVORCED (Write the word)  8 DATE OF BIRTH	16 DATE OF DEATH    2
(Month) (DS) 1.850	that I last saw h walive on 22 , 1917, and that death occurred on the date stated above, at Pm.
6 5 yrs. 6 mes. 6 ds. or min.?	The cause of DEATH * was as follows: ollo hyelitis auterior chronices
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  10 NAME OF  **DOCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of industry business, or establishment in which employed (or employer)  **DOCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of industry business, or establishment in which employed (or employer)  **DOCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of industry business, or establishment in which employed (or employer)  **DOCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of industry  **DOCUPATION (b) General nature of industry  **DOCUPATION (c) Trade, profession, or particular kind of work.  (b) General nature of industry  **DOCUPATION (c) Trade, profession, or particular kind of work.  (b) General nature of industry  **DOCUPATION (c) Trade, profession, or particular kind of work.  (c) DOCUPATION (d) Trade, profession, or particular kind of work.  (d) General nature of industry  **DOCUPATION (d) Trade, profession, or particular kind of work.  (d) DOCUPATION (e) Trade, profession, or particular kind of work.  (d) DOCUPATION (e) Trade, profession, or particular kind of work.  (d) DOCUPATION (e) Trade, profession, or particular kind of work.  (e) DOCUPATION (e) Trade, profession, or particular kind of work.  (e) DOCUPATION (e) D	(Oursilon) Zyrs. mos. ds.
FATHER Momas McClas  11 BIRTHPLACE OF FATHER (State or country)  W	(Signed)  (Signed)  (Signed)  (Signed)  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injurt; and (2) whether Accidental, Suicinal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the af death
(Address) Carwille mil.  (Address) Carwille mil.  FRed Des 29, 191 5 7 + 13 Lack  REGISTRAR	19 PLACE OF BURIAL OR-REMOVAL DATE OF BURIAL  PRINCE OF BURIAL OR-REMOVAL DATE OF BURIAL DATE OF BURIAL  PRINCE OF BURIAL DATE OF
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Baltof Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (o) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part At home. Carc should be If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL perilonitis," ctc. birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the "Anaemia" (mercly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause for which Never report mere important. pumon



V. S. No. 1.

PLACE OF DEATH

PLACE OF DEATH	STATE OF MARYLAND
County Occil 21546	CERTIFICATE OF DEATH
0 1	Registration Dist, No.
Village or City Colora MM (No	St.; Ward) [it death occur a hospital or ins
FULL NAME Henry Care	Ter Matthews. give its NAME of street and not
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIEO, Married WIOOWEO, OR ON ORCE (Write the word)	16 DATE OF DEATH Describer 2 (Month) (Day (1)
6 DATE OF BIRTH  March 25 1826	november, 1914, to Lee 2
7 AGE (Month) (Day (Year)	and that death occurred on the date stated above, at 4.30
3 9 yrs 8 mos. / ds. or min.?	The CAUSE OF DEATH* was as follows:
OCCUBATION	
(a) Trade, profession, or	Chronic Metral valvular des
(a) Trade, protession, or particular kind of work Carpenter	Chronic Metral valvular dese
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in	Chaorie Metral valvular desc
(a) Trade, protession, or particular kind of work.  (b) General nature of industry,	Gontributory Effauration yrs mos Secondary
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Effauttion Secondary  (Signed) Court Nowland
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country) Celeil lev Md  10 NAME OF FATHER John Malthurs  11 BIRTHPLACE	(Signed) Contest (Address) Liberty Nove 7
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  (10 NAME OF FATHER John Malthus)  11 BIRTHPLACE OF FATHER	(Signed) State the DISEASE CAUSING DEATH, Or, in deaths from V CAUSES, state (1) MEANS OF INJURY; and (2) whether A TAL, SUICIDAL, Or HOMICIDAL.
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country) (Olcil lev Md  10 NAME OF FATHER John Malthous  11 BIRTHPLACE OF FATHER OF Pennsylvania  22 C State or country) Pennsylvania  12 MAIDEN NAME OF WOTHER COMMOTHER (State or country) Pennsylvania  13 BIRTHPLACE OF MOTHER (State or country) Pennsylvania	(Signed) Secondary  (Signe
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country) Celeil lev Md  10 NAME OF FATHER John Malthous  11 BIRTHPLACE OF FATHER OF Pennsylvania  12 Maiden NAME OF Genother Cliza Weller  13 BIRTHPLACE OF MOTHER (State or country) Pennsylvania  14 Maiden NAME OF MOTHER (State or country) Pennsylvania	(Signed) Secondary  (Signed) Contest Contact  (Signed) Contest Causing Death, or, in deaths from V Causes, state (1) Means of Injury; and (2) whether A TAL, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transon Recent Residents)  At place in the of death yrs. mos. ds. State yrs, mos. Where was disease contracted, if not at piace of death?  Former or
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  (State or country)  13 BIRTHPLACE OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) Contributory Exhaustion Secondary  (Signed) Contributory Exhaustion  (Signed) Contributory  (Signed) Cont
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF COUNTRY)  13 BIRTHPLACE OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)	(Signed) Secondary  (Signed) Contest Contact  (Signed) Contest Contest  (Signed) Contest  (Signed) Contest Contest  (Signed) Contest  (Sig

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pnumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: thenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal soptichaectc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnilc," etc.), "Dropsy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. calvular heart disease; Chronic interstitial nephritis, eant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Mcdicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertakeu. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion," For vio-



BINDING FOR RESERVED MARGIN

V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS m ż

STATE OF MARYLAND CERTIFICATE OF DEATH
Registration Dist. No. 92  St.; Ward)  Figure 1 St. St.; Ward)  St.; Ward)  Figure 1 St.
MEDICAL CERTIFICATE OF DEATH
16 OATE OF DEATH Sea 2 , 1913 (Month) (Day) (Year
that I last saw has allve on Beau 2 1915  that I last saw has allve on Beau 2 1915  and that death occurred on the date stated above, at 4.204.  The CAUSE OF DEATH * was as follows:  Latina has been been been been been been been bee
State the DISEASE CAUSINO DRATH, or, in deaths from VIOLENT CAUSING, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place of death yre.  19 DIACE OF BURIAL OR REMOVAL  19 DIACE OF BURIAL OR REMOVAL  20 UNDERTAKER  AD RESS  CIKCLE AT SECOND AND AD RESS  W. Saratoga St., Balto., Roquesting V. S. No. 1.

99900

[Approved by U. S. Consus and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton Locomotive engineer, If retired from (b) Auto-

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N.B.

V. 00

1		
	1 PLACE OF DEATH	STATE OF MARYLAND
Cou	nty ( Cel 2154)	CERTIFICATE OF DEATH
	Dort &	Registration Dist. No.
Villa	age or City	St.; Ward   I [If death occurred in hespital or institution.
	Di 10/10	give its NAME instead of street and number.
	<sup>2</sup> FULL NAME MUYOW.	M More - More and Humber.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3/6	SEX 4 COLOR DR RACE 5 SINGLE, MARRIED, WIDDWED ON DUTCH the word)	16 DATE OF DEATH (Maxilly) (Year)
" I		17 I HEREBY CERTIFY, That I attended deceased from
, D)	ATE OF BIRTH	, 191, te, 191,
	(Month) (Day) (Yoar)	that I last saw h alive on
7 AC		and that death occurred on the date stated above, atm.
	tree las ds. or min.?	The CAUSE OF DEATH * was as follows:
30	CEUPATION A TANANTANA	Miller
pt pt	a) Trade, prefession, er articuler kind of work	
Di bi	b) General nature of ladustry usiness, or establishment in hick employed (or epipigyst)	(Berellen) yrs. mes. ds.
-	HRTHPLACE (A)	Contributory Common Estation
	(State or course)	(Byro(lon) 775 1908
	TO WAME OF AMERICAN AMERICAN	(Blendy) Symmetry N. T.
U	"BIRTHPLACE	DEC: 5. 1915. (Address JUl & Fret Kes
ENT	OF FATHER (State or country)	*State the DIMMASE CAUSING DRATH, or, in deaths from Violent CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicipal or Homicroal.
PAR	of MOTHER MANY	18 LENGTH DE RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
1	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
	(State or country) Adopted C, MC	of death yre wes ds. State, yre mee. ds.
14 T	THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	If not al place of death?
	(Informant) Many la 1921	Former er usual residence
	(Address) Control of randino	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(AOSTES)	Der Premies & El- 19015
	Hed See. 6. 1915 - St. Camuon	20 MADERTAKER ADDRESS OF THE SELF
	REGISTRAR	Mount of hed
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balso., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Maras-Japse," "Coma," "Convu genital," "Senile," etc.), symptoms or terminal eonditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train—accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from child-"Anaemia" (merely symptomatic), The contributory (secondary or intercur-"Convulsions," "Debility" ("Concarbolic acid-probably Never "Atrophy," "Colreport mere wound of



Exact statement of PHYSICIANS County Village or City. stated EXACTLY. <sup>2</sup> FULL NAME PERMANENT RECORD classified. PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIEO, WIDOWED OR SIVORCED (Write the worth 4 COLOBLOR RACE BEX' QUIONIB be properly plain terms, so that It may be properly See instructions on back of certificate should be 6 DATE OF BIRTH (Month) (Day) It LESS than TAGE FOR AGE -THIS CCUPATION (a) Trade, profession, or carefully supplied RESERVED -NK particular kind of business, or establishment in UNFADING which emplayed (or emplayer) 9 BIRTHPLACE (State or country 10 NAME OF pe CAUSE OF DEATH IN WITH MARGIN Every item of information should should state CAUSE OF DEATH I OCCUPATION Is very Important. 11 BIRTHPLACE OF FATHER (State or courte) PARENTS PLAINLY, OF WOTHER 13 BIRTHPLACE OF MOTHER (State or country) WRITE 14 THE ABOVE (Informant) Address) 15 m REGISTRAR

PLACE OF DEATH

-	STATE OF MARYLAND
7	CERTIFICATE OF DEATH
1	Registration Dist. No. 96
2	St.; Ward)  I death occurred in a hospital or institution, give its NAME instead of street and number.
Ī	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF OF STATE O
	(Month) (Day) (Year) 17 ! HEREBY CERTIFY, That I attended deceased from
1	, 191, to, 191,
	that I last saw h alive on, 191,
	and that death occurred on the date stated above, atm.
	The CAUSE OF DEATH * was as follows:
	Mul Buch
1	(Buration) Tro- mon. de.
1	Contributory Delon Golder
	Decondary
	(Buration) yrs mas de.
	(Boyle) (Boyle) yrs mas de.
	(Brown of State of Mark State
	Developed by the many do.
	*State the DIREASE CAUSING DEATH, or, in reachs from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicinal or Homicidal.
	*State the DIREASE CAUSING DEATH, OF, in feaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accidental, Suicidal of Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
	"State the DISEASE CAUSING DEATH, OF, in FRANCIS FROM VIOLENT CAUSES, State (1) MEANS OF INJUST; and (2) Whether ACCIDENTAL, SUICIDAL OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the
	*State the DIREASE CAUSING DRATH, or, in reachs from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Wether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At placa in the face of dash yrs. mas. da. State, yrs. mass. da.
	*State the DIREASE CAUSIMO DEATH, or, in reachs from Violent CAUSES, state (1) Means of Injust; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yra. mas. da. State, yrs. mas. da.  Where was dispass contracted, if not all place of death?  Formar or
	*State the DIREASE CAUSING DRATH, or, in reachs from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Wether Accidental, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yra. mas. da. State, yrs. mass. da. Where was disease contracted, if not all place of death?  Formar of gamal rapidsoco
	*State the DIREASE CAUSING DRATH, or, in reachs from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Wether Accidental, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yra. mas. da. State, yrs. mass. da. Where was disease contracted, if not all place of death?  Formar of gamal rapidsoco

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more mobile factory. know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Never rcturn "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-

genital," on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound of SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... head-homicide; Poisoned by carbolic acid-probably "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puenperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coma," "Convu" "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion," Never report mere ACCIDENTAL, important.



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

County Get 21549	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 97
VIIIago or City Olk Con (No. No. No. No. No. No. No. No. No. No.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH  Dec 15, 1916 (Month) (Day) (Year)
6 DATE OF BIRTH  Mot Known 1  (Month) (Day) (Year)	that I isst saw h
TAGE about 35 Abt Luawu 1 day, hrs. or mes. ds. or men.?	and that death occurred on the date stated above, at
SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of ledustry business, or establishment in	Jushof House about four misels (Burelia) yes mos
which employed (er employer)  9 BIRTHPLACE (State or country)	Contributory
10 NAME OF FATHER Not Known	(8igned) War Dean Coroner
Z OF FATHER (State or country)	*State the Dibrase Causing Drath, or, in deaths from Violent Causins, state (1) Means of Injury; and (2) whether Accidental, Suicipal or Homicroal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE AS, TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At placs In the ef death yrs. mes. de. State, yrs. mos
(Informant) James Fratele	Fermer er  usual residence  19 PLACE OF BURIAL OR REMIOVAL DATE OF BURIAL
(Address) Septem Ma 16 PRODUCTION 1916 & Francis Frages	Potters field Cherry Hel DEC 30, 1915.
FREE DEC 31, 1916 - J. Francis Change	

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoeian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Women at home, who are engaged in But in many cases, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Caneer" is less definite; avoid use of on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL perilonilis;" etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childby railway train-accident; Revolver wound (secondary), 10 ds. The contributory (secondary or intercur-Never report mere "Atrophy," "Colacid-probably



21550.

1 PLACE OF DEATH

(1)

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S.

STATE OF MARYLAND

If death occurred in

a hespital or institution.

give its NAME Instead of street and number.

(Day)

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--('oal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line cian, Compositor, Architect, Locomolive engineer, engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever ctc. If the occupation has been changed Never return But in many cases, "Laborer," should be (b) Auto-

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on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning: "PUERPERAL peritonitis," etc. birth or miscarriage as "PUEHPEHAL septichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Anuenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report merc Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion," State cause for which acid—probably



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD QNIONIB WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

V. 8

County Cecil 21551	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 92
VIIIage or City CHILDEN (No	St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femal 4 COLOR OR RACE 5 SINGLE, MARRIED, Willowsh OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
7 AGE  8 2 yrs.   Mas.   8 ds.   OR min.?	HEREBY CERTIFY, That I attended deceased from
a) Trade, profession, or Providence kind of work	Chune Ingradici
(b) Seneral nature of industry business, or establishment in which employed (or emplayer)  9 BIRTHPLACE (State or country)  2 Cary  1	Contributory Oct J
10 NAME OF John C Schofield  11 BIRTHPLATE OF FATHER (State or country) Mary Cand  12 MAIDEN NAME OF MOTHER WAS A STATE OF MOTHER WA	(Signed) (Address) Mr. 100 (Signed) (Address)
13 BIRTHPLACE OF MOTHER (State or country)  2 rany land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deeth
(Informant) Was H Stephens	Where was disease contracted, If not all place of death?  Former or usual residence
(Address) Ellton Mil  Filed Dic 31, 1915 James Frager  Filed Dic 31, 1915 James Frager	19 PLACE OF BURIAL OR REMOVAL  Elkton Country Jan 1, 1816. 20 UNDERTAKER  Viringe Pipin Elklin My
If more blanks are needed, address State Registrar, 1	& W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Autofirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil ness of various pursuits can be known. The question write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, ctc. But in many cases, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

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and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL perilonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . on Nomenclature of the American Medical Association.) cause. Always qualify all diseases resulting from child-"Anaemia" "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of birth or miscarriage as nia" (merely symptomatic), "Atrophy," "Coma," "Convulsions," "Debility" (secondary), 10 ds. The contributory (secondary or intercur-"Puenperal septichaemia," State cause for which Never report mere "Atrophy," "Colimportant. ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 - 1916
BUREAU, V.S.

### PHYSICIANS should of OCCUPATION IS RECORD PERMANENT U INK supplied. UNFADING WITH WRITE

STATE OF MARYLAND 1 PLACE OF DEATH state Very CERTIFICATE OF DEATH 1/3 Registration Dist. No. Ilf death occurred la .Ward) a hospital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE DATE OF DEATH MARRIED, WIDOWED, (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH classified. (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? properl OCCUPATION (a) Trade, profession, or particular kind of work pe (b) General nature of industry. business, or establishment in mos. which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) Contributory Secondary that (Duration) 10 NAME OF FATHER (Signed) 80 0 terms, 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country HO 12 MAIDEN NAME ATH in plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State ..... yrs. \_\_\_\_ EAT Where was disease contracted. See if not at place of death? a FO usuai residence mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CAUSI 20 UNDERTAKER ADDRESS Filed. REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Year)

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutles of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uec-Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indl-Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrosplual meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonla"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a defiuite disease can be ascertained as the geuital," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Deblilty" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name orlgin; "Can-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtctanus) may be stated under the head of Always qualify all diseases resulting from Meastes "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.;



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD V. S. No. 1.

Village or City Lear fort The fore	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [If death occurred in a heapital or institution, give its NAME instead
2 FULL NAME Maggie 10 1	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: 4 COLOR OR RACE   5 SINGLE, MARRIED, MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17  I HEREBY CERTIFY, That I attended deceased from  1915  1915  1915
Sex: 4 COLOR OR RACE   5 SINGLE, MARRIED, MARRIED, MODIFICAL OR DIVORCED (Write the word)  6 DATE OF BIRTH  7 AGE   If LESS that   1 day, krs.   1 day, krs.	that I last saw h & allvo on De J
e OCCUPATION (a) Irado, profession, or particular kind of work (b) General nature of ledustry business, or establishment in which employed (er empleyer)  9 BIRTHPLACE (State or country) 10 NAME OF	(Burellon) yrs. mes. ds.
11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  A  D  D  D  D  D  D  D  D  D  D  D  D	(Signed)  (Signed)  (Address)  (A
(Address)  (State or country)  (Address)  (Address)  (Address)  (Address)	At place of deeth yre. mee. ds. State, yre. mee. de.  Where was disease contracted, if not at place of death?  Fermer or uscal residence  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  29 UNDERTAKER  ADDRESS
FREE DEC, V3, 1915 VFR, Lanuar REGISTRAR  If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balso., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitia "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on statement of cause of death approved by Committee "Heart failure," "Haemorrhage," "Inanition," "Marasor miscarriage as "Puerperal septichaemia," The nature of the injury, as fracture of skull, "Senile," ctc.), The contributory (secondary or intercur-Poisoned by carbolic acid-probably "Dropsy," "Exhaustion," ACCIDENTAL, important. wound of



N. B.—Every/item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very integrated. See instructions on back of certificate. A PERMANENT RECORD DNIONIA WRITE PLAINLY WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

	County level 21554	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Colkton (No. Main	Registration Dist. No
	PERSONAL AND STATISTICAL PARTICULARS	
	3 SEX 4 COLOR OR HACE 6 SINGLE, MARRIED, MANUA Male White (Write the word)	MEDICAL CERTIFICATE OF DEATH  15 OATE OF DEATH  (Month) (Day) (Year)
	ODATE OF BIRTH  OMOnth)  ODAY  (Month)  (Day)  (Noar)	17 I HEREBY CERTIFY, That I attended deceased from
	7 AGE   If LESS then 1 day, hrs. or mis. ?	and that death occurred on the date stated above, at
-	(a) Trade, profession, or particular kind of work  (b) General nature of industry	Was collect by learn and gimped out windson.
1	business, or establishment in which employed (or employer)  BINTHPLACE (State or country)	Contributory Externion Folds
	10 NAME OF FATHER Same Con degrets.	(Signed) (Mar P Dean Gorower - Address) Colleton Mr D
	C OF FATHER (State or country) Purishania	*State the Disease Causing Drath, or, in deaths from Violent Causing, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients,
	13 BIRTHPLACE OF MOTHER (State or country) Jemilvania.	OR RECENT RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS,  Al piecs in the of death
	(informant Farmy Vardagiff	If not all place of dasth?  Former or usual residence
	(Address) Colphon And.	Remeth Oquare Pa D3C 4, 1915.
	If more blanks are needed, address State Registrar. 7:	Umsinger Hippin Eletton med

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Autowrite None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coal mine, etc. For persons who have no occupation whatever, Women at home, who are engaged in If retired from

Statement of. Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Branchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marag-mus," "Old Age," "Shock," "Uraemia," "Weakness," under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal eonditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee The contributory (seeondary or intercur-Never report mere "Atrophy," "Colimportant.



### RECORD PERMANENT INX supplied. UNFADING may 5 WRITE OF Every ite

properly terms, n back instructions mportant.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [if death occurred in St.; Ward) a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 16 DATE OF DEATH MARRIED, WIDOWED. (Day I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at..... 1 day,....hrs. OR ..... ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishmeni in (Ouration) which employed (or employer) Contributory ..... 9 BIRTHPLACE (State or country 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the Disease Causing Death, or, it deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... ds. State ..... yrs, \_\_\_\_ mos. ... Where was disease contracted. 14 THE ABOVE IS TRUE TO if not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in iudustrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write Nonc. Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are cugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous But iu many "Foreman,"

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of tungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., scpsis, totanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defluite disease can be ascertalned as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustlon," thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. Exetc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mallg-Always qualify all diseases resulting from (Recommendations on statement of



V. S. No. 1.

PERMANENT 4 UNFADING INK-THIS WITH WRITE PLAINLY,

RECORD

Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Pakingel (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [If death occurred is a hospital or institutioe, give its NAME lestead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Maried, Maried, Maried.  Male while or Birth  4 COLOR OR RACE  5 SINGLE, MARRIED, Maried. Widowed, Widowed, Write the word)	16 DATE OF DEATH  (Month)  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from Alec 12  (1915)
Month) (Day (Year)  7 AGE  If LESS than t day,hrs. ORmin.?  8 OCCUPATION (a) Trade, profession, or perticuler kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	and that death occurred on the date stated above, at 6 30 Am  The CAUSE OF DEATH* was as follows:  Acute Menine gating caused by  Streptococcus absorption from  (Buration) yrs - mos / 7 as  Contributory Esthany time
Onester County Fenna  10 NAME OF FATHER  Micheal Whelan  11 BIRTHPLACE OF FATHER (State-or country) Ireland  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Doration) yrs. mos. ds  (Signed) (Address) (Signed) (Sig
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Intermant) Mary Emily Whelaw	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place   le the   le th
(Address) Concumusante () At 1	West Holling hem Come Jan 314, 1915  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. statement. who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3 Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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If more blanks are needed, address State Registrar, 16 W, Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. the second statement. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) and consequences (c. g., sepsis, telanus) may be stated Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull state Means of injury and qualify as accidental, suicidal, or homicinal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PURPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septichaemia," The contributory (secondary or intercur-"Dropsy," State cause for which Never report mere "Exhaustion,"

